2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004260

4468 BROADWAY

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CEO

NEW YORK, NY 10040

NEW YORK, NY 10040

(X) Delete

GONZALEZ, HÉCTOR R CEO

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: CASHPIN CORPORATION

FILED Apr 17, 2009 Secretary of State

Entity Nai	me: CASHPIN	CORPORATION					
Current Principal Place of Business: 4468 BROADWAY NEW YORK, NY 10040			New Prin	New Principal Place of Business: 1550 NORTH BROWN RD SUITE 145 LAWRENCEVILLE, GA 30043			
Current M	lailing Addres	ss:	New Mail	New Mailing Address:			
4468 BROADWAY NEW YORK, NY 10040				1550 NORTH BROWN RD SUITE 145 LAWRENCEVILLE, GA 30043			
FEI Number:	: 13-4183488	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()		
Name and	Address of C	current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1201 HAYS TALLAHAS The above	ATION SERVION	012525 US	purpose of changing	its registe	ered office or registered agent, or both,		
SIGNATU	RE:						
	Electror	ic Signature of Registered A	gent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	1550 NO	(X) Change () Addition RUJILLO RTH BROWN RD SUITE 145 ICEVILLE, GA 30043		
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	1550 NO	(X) Change()Addition VENEZIA RTH BROWN RD SUITE 145 ICEVILLE, GA 30043		
Title: Name:	STD () JULIA, FRANCI	Delete SCO J STD	Title: Name:	VP PATRICK	(X) Change()Addition 、BATES		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JOSEPH VENEZIA VP 04/17/2009

1550 NORTH BROWN RD SUITE 145

() Change () Addition

LAWRENCEVILLE, GA 30043